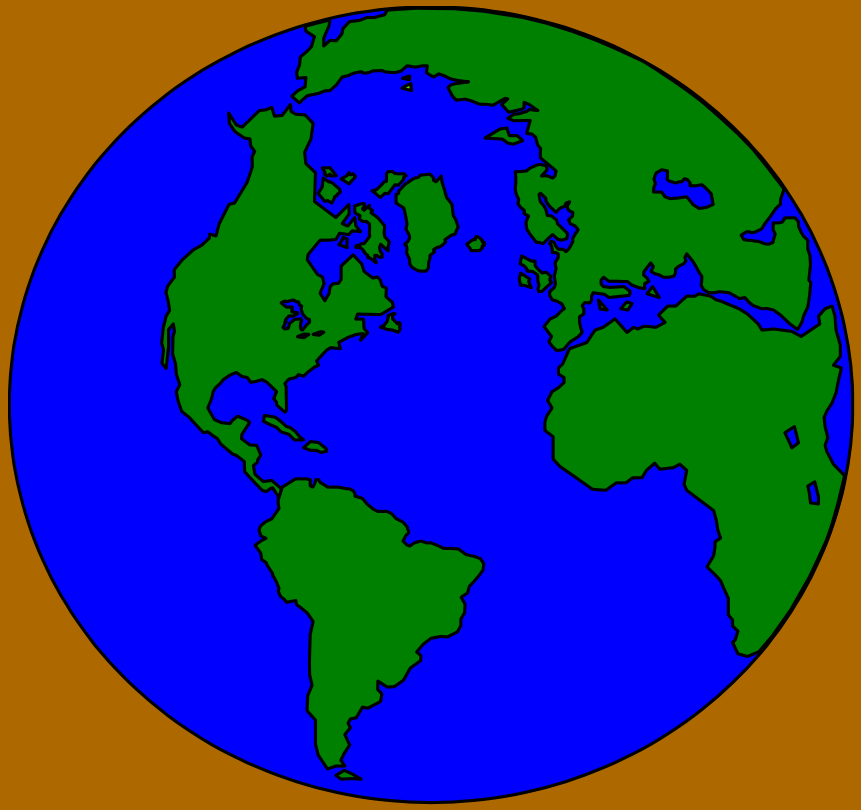


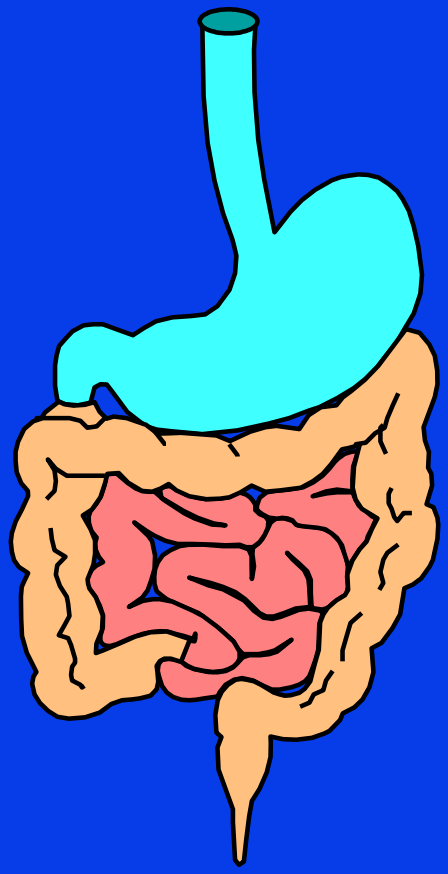
TRAVELLER'S DIARRHEA

Mark C. Bieniarz CPT, USAF, MC

Diarrhea

- 3 or more unformed stools in a 24 hour period
- Dysentery: Invasion of intestinal wall by organisms.
  - Pus
  - Mucus
  - Blood

Causes of Diarrhea

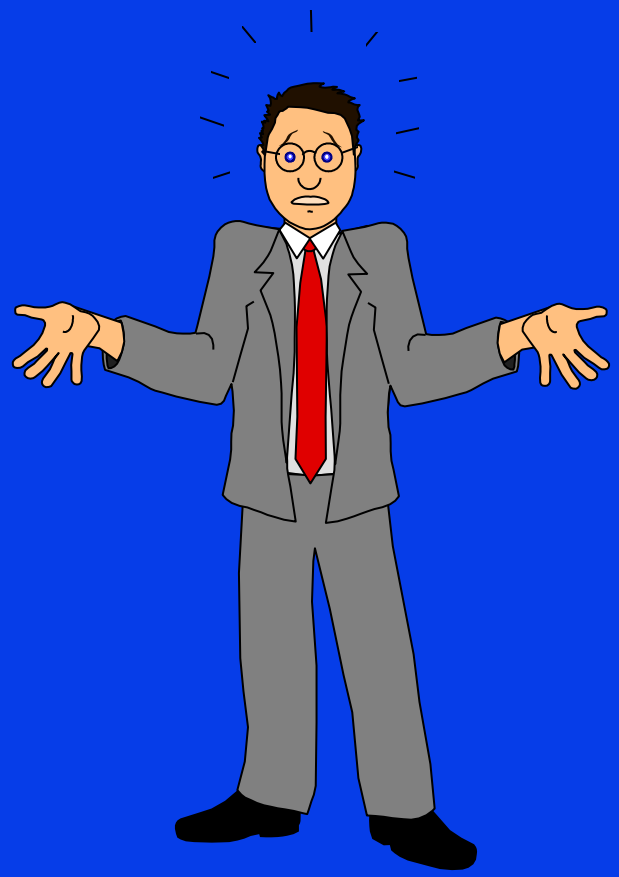


- Nervousness
- Alcohol
- Surgery
- Medications
- Malabsorption
- Underlying illness
- **Infections** 30-40% of travelers to underdeveloped countries

Diarrhea: Infectious Causes

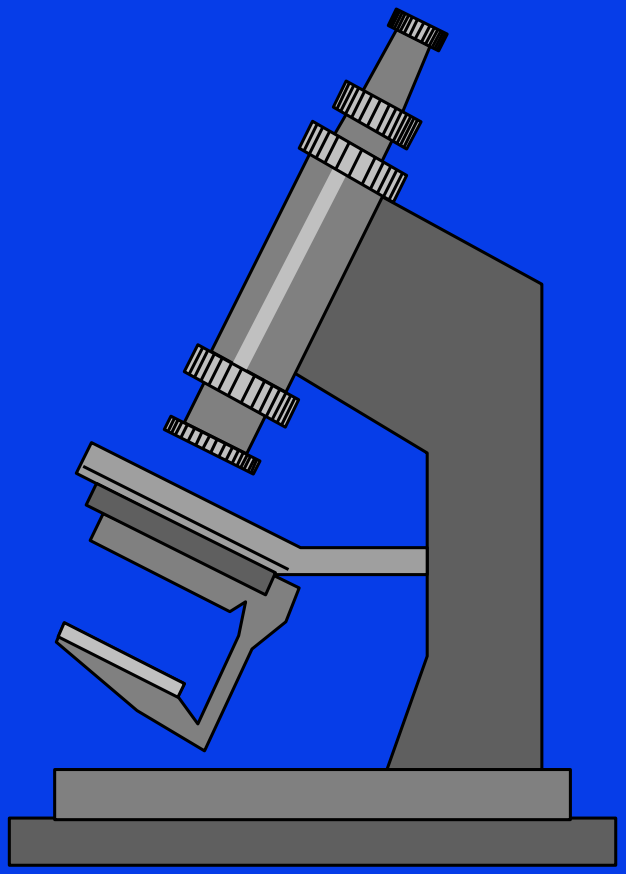
- Bacteria
  - *E. coli* (ETEC) 25-60%
  - *Campylobacter*
  - *Shigella*
  - *Salmonella*
  - Cholera
- *Entamoeba histolytica*
- *Giardia lamblia*
- *Cryptosporidium*
- Viruses

Diarrhea: Other Causes



- If more than six days between bouts think unrelated incidences.
- Tropical sprue
- Irritable bowel syndrome
- Food poisoning

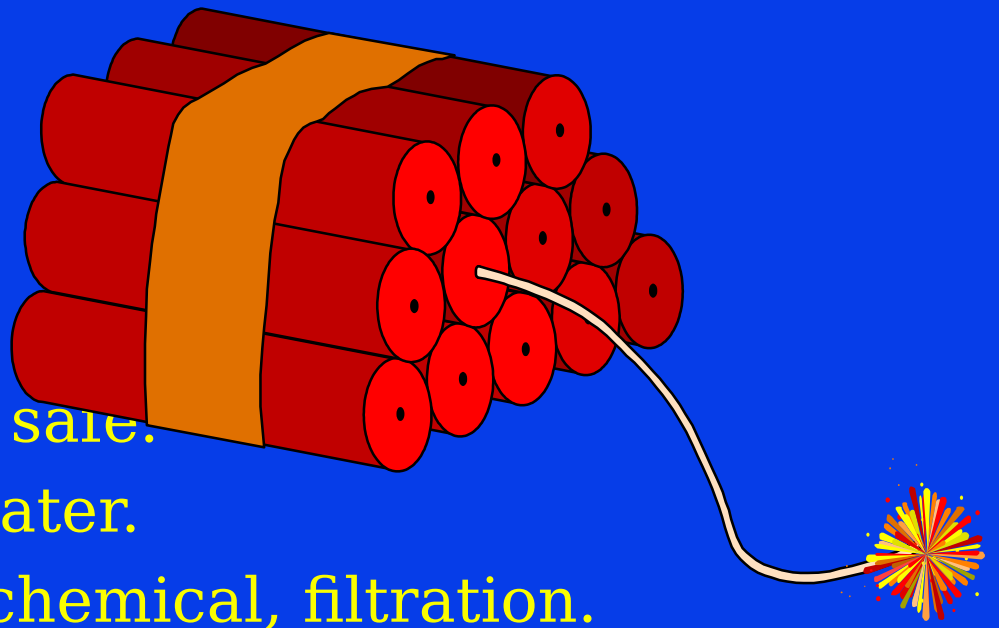
Laboratory Studies



- Gross examination
- Stool O&P (less than 5% have worms- unlikely cause)
- Fecal Leukocytes
- Stool culture- (less important)

Prevention

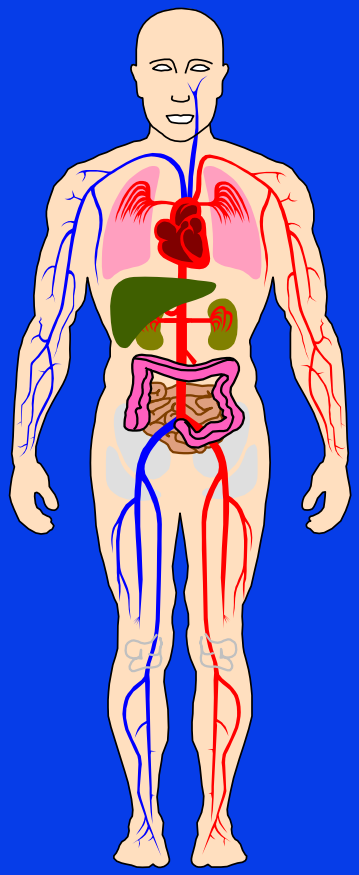
- Diet should exclude human excrement.
- Boil it, peel it, forget it.
- Eat only hot foods.
- Avoid ice.
- Carbonated drinks, beer, straight alcohol safe.
- Bottled water may not be safe.
- Never ingest untreated water.
- Water purification- heat, chemical, filtration.



Symptoms: Bacterial

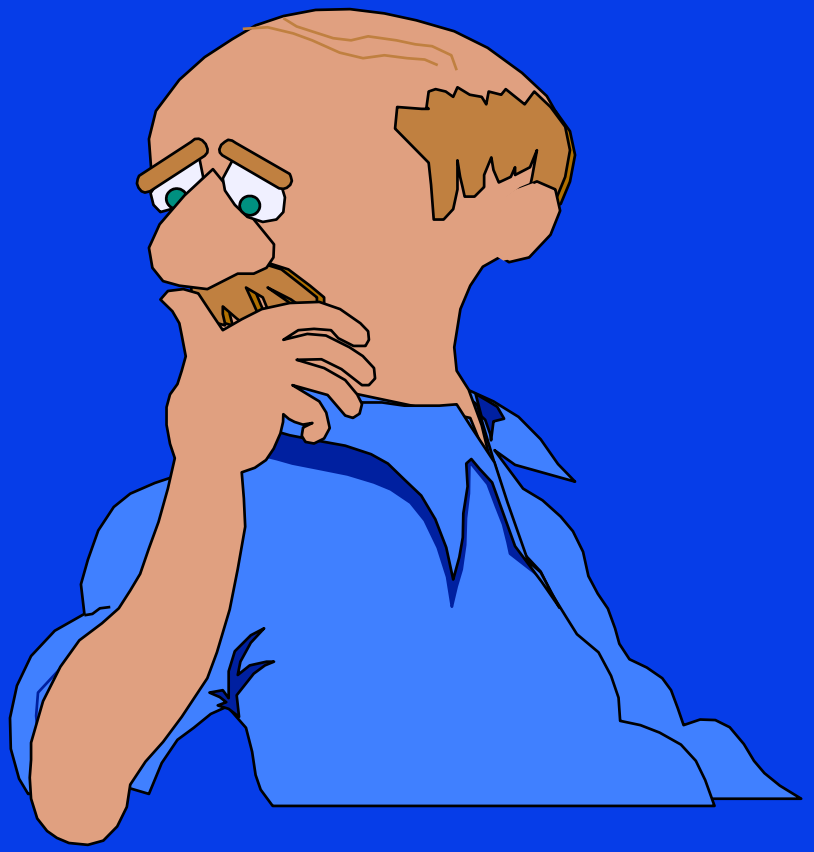
- Sudden onset of relatively uncomfortable diarrhea.
- Cramping, fecal urgency.

- Fever, nausea, vomiting but not in all cases



Symptoms: Parasite

- Slow onset with one to two loose stools.
- No vomiting, no fever
- *E. histolytica*: alternating diarrhea, increasing fatigue, weight loss.
- *Giardia:* Rumbly, gassy feeling, upper abdominal discomfort, mucus in stools



Treatment

- Most self limiting in two to seven days
- Hydration -ORS if needed
- Antibiotics
  - Norfloxacin
  - Ciprofloxacin
  - Mitronidazole
  - (Bactrim)
- Symptomatic relief
  - Bowel paralyzers
  - Bulk forming agents

Traveller's Diarrhea: Summary

- Infectious diarrhea rare in developed countries but common in third world countries.
- Usually self limiting but easily treatable.
- Prevention when travelling or deployed is most important.